

Thumb sucking and transitional objects

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ABSTRACT

This case study assesses the effects of thumb sucking and transitional object on a 4 year old child while being observed in 3 different environments, for 15 minutes each time for 10 days. Sucking only occurred when the transitional object was with the child. These results are discussed through reference to a literature review. Methods of how to control thumb sucking are proposed.

Key Words

Transitional objects, thumb sucking.

INTRODUCTION

Infants express a number of social responses that are related to the physical vicinity of the baby's mother. Experts such as Bowlby (1969) classify these responses as affectionate behaviour. As discussed by Mahalski (1983), once physical attachment starts to decrease between the infant and mother, around 60% of babies shift their affectionate behaviour to an object mainly a blanket or a soft toy. Litt (1986) concluded that because these objects facilitate the change from dependence to autonomy, these objects are referred to as transitional objects. There are very few studies that have been done about transitional objects. Transitional objects can be associated to typical behaviours in a child. Mahalski (1983) stated that half of the children that use a transitional object also participate in thumb sucking.

CASE STUDY

A case study on a 4 year old boy who was brought up in a normal family environment and having normal cognitive functions will be presented in this article.

This 4 year boy, GL, was breast fed from birth until 3 months. He never used a pacifier. At the age of 16 months he was persistently sucking his left thumb while smelling his favourite soft toy that had a loose cloth hanging from it. It was noted that he sucked his thumb only when he had his soft toy with him.

GL was observed in 3 different environments, for 15 minutes each time for 10 days. He was observed on the sofa

while watching television, in the car while strapped to his car seat after school, and in the evening while in bed.

During the period when the transitional object (Teddy) was absent, the consequence was that the child never placed his thumb in his mouth. The child looked visually uncomfortable and asked for the transitional object and still he did not resort to thumb sucking. When "Teddy" was given to the child the thumb sucking immediately started. Two observers were used, each independently confirming the episodes that occurred. It was also noted that thumb sucking always happened with the left thumb.

DISCUSSION

The child's thumb sucking started immediately when the transitional object was held in his hands and did not happen when the transitional object was not in his hands. There was no encouragement for thumb sucking to take place from the 2 observers. Therefore one can say that the child developed a conditioned behaviour i.e. sucking his thumb while holding the transitional object.

Bijou & Baer (1965) concluded that automatic reinforcement is assumed to result from the sucking itself. GL always asked for "Teddy" when it was absent and immediately reached for it when it was within his sight. No data was found addressing how the presence of the transitional object supported thumb sucking behaviour.

As discussed by Firman (1990) a reason can be that, through the pairing of the two sources of stimulation, their purposes became harmonized in ways suggestive of other corresponding activities such as kissing and cuddling. The findings from this case study demonstrate the strong influence of a transitional object on thumb sucking. If there are health issues due to thumb sucking it is important that thumb sucking is stopped; however a question that is often asked is when the parents should intervene. One should consider intervening when the child develops permanent teeth, the reason being that the palate or the line-up of the teeth might become affected. Interventions should also be considered if the child is feeling embarrassed or the front teeth are

moving. Referring the child to the dentist as recommended by the American Dental Association (2016) can also be an alternative to assess what damage is being done and if needed discuss the way of how to stop. According to the American Dental Association if you are dealing with an older child, to increase the chances of success it would be better to involve the child while choosing the method to stop.

According to the Mayo Clinic (2015), if the child uses thumb sucking to draw attention, suggesting to the parents not to take any notice when he/she does it or not mentioning it can be enough to make the child stop.

Research on object manipulation to address these limitations is needed and would require new research that includes data on object manipulation, and the close association between the object and behaviour.

Although thumb sucking and the use of transitional objects are common, the authors did not find any literature with regards to children living in Malta. This case study is the first one of its kind in Malta. A major limitation of this article is that just one child was monitored. Monitoring more children of similar age might result in different conclusions or reinforce these findings. A study to assess the prevalence of thumb sucking in Malta and the use of transitional objects can be done.

Family doctors and paediatricians when faced with parents inquiring about their child sucking his/her thumb or being attached to a specific object can use this article as a reference to what the implications are and how to stop it if needed.

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CONCLUSIONS

There are a number of suggestions that can be given to parents to help their child stop thumb sucking and the use of transitional objects; however none of them have been clinically proven to work.

One can ask the parents to try to recognize what makes the child suck the thumb. It can be a soft toy or a cloth such as described by this case study. In this case recommending that the cloth or the soft toy be removed gradually might work.

The child might be willing to stop but, as with other behaviours, it can become a habit and he or she might start sucking the thumb without the child realizing it. Reminding the child when he/she does it can also work. It is however important not to scold or embarrass the child in front of other children.

Whatever suggestion the parents will adopt, it is important that the parents reward the child every step of the way and not punish him or her as recommended by the American Dental Association (2007). Ideally methods such as using sour or unpleasant material to cover the thumb of the child should not be used as this can cause unnecessary discomfort for the child. Besides, the child might get used to the bad taste after a while.

For some children, thumb sucking is incredibly difficult to break. In the meantime, the parents should be reassured so they do not worry. Putting too much pressure on the child to stop thumb sucking might only delay the process. More research is required to better understand the connection between the transitional object and thumb sucking and regarding which method can best work for the specific child.

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